

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560,331

FILING DATE

12-09-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14	1					
15	1					
16	1					
17		1				
18		1				
19		1				
20		1				
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25	1					
26		1				
27	1					
28	1					
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30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.			↓		↓	↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53	1					
54	e					
55	e					
56		1				
57	1					
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
65		1				
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	13		↓		↓	↓
TOTAL DEP.	49	←	←	←	←	←
TOTAL CLAIMS	62					